FEC FORM 3 1. NAME OF COMMITTEE

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY O	Elveo,
10 JUL 14 Office Use Only	PM IS SENATE
Office Use Only	' 11/2: 24°

COMMITTEE (in full)	OR TYPE OR PRIN		ample:If typing, er the lines	type		
CITIZENS FOR HARKIN				L - L - J - J - 1	1 1 1 1	;*
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ADDRESS (number and street)	P O BOX 811	<u> </u>			1 1 1 1	
Check if different than previously reported. (ACC)	DES MOINES				LIA L	50304
2. FEC IDENTIFICATION NU	MBER ¥	CITY A		S	STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C00166827		3. IS THIS REPORT	NEW	OR	AMEND (A)	
4. TYPE OF REPORT (Co.) (a) Quarterly Reports: X April 15 Quarterly July 15 Quarterly October 15 Quarter January 31 Year-B	Report (Q1) Report (Q2) erly Report (Q3)	Election on	Primary (12F Convention (ST-Election Rep General (300	nort for the:	General (1) Special (12) Runoff (30)	in the State of
Termination Repo	rt (TER)	Election on				in the State of
5. Covering Period 0 1	01	2010	through	03	31	2010
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Theresa L Kehoe						
Theresee L'Allie						
Signature of Treasurer Date 07 (2 2010) NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.						
NOTE : Submission of false, erro	oneous, or incomplet	e information ma	sy subject the p	erson signing	this Report to	THE PERIOR OF 2 U.S.C 437g. FEC FORM 3
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